



**General Services Department  
Risk Management Division  
Employee Benefits Bureau**

**October 2018**

**Fall 2018 Open/Switch Enrollment  
For Plan Year 2019**

Open Enrollment is your once-a-year opportunity to review your health, dental, vision, and disability benefits to make the choices that are right for you and your family! Below is a list of frequently asked questions. Remember to visit the 2019 Open/Switch Enrollment (Tools and Resources) website regularly as questions will be added as they are received and additional information will be added to assist you when making decisions about your health benefits.

Information pertaining to Open Enrollment is available online 24/7 at the State of New Mexico Benefits Website: [www.mybenefitsnm.com](http://www.mybenefitsnm.com) – [2019 Open/Switch Enrollment](#)

**Frequently Asked Questions**

**Q: When does Open Enrollment begin?**

**A:** The season opens with a series of live presentations and interactive webinars scheduled for October 2018, hosted by the Employee Benefits Bureau and Erisa Administrative Services, Inc, the state's third-party administrator.

Please visit the 2019 Open/Switch Enrollment Website to access the schedule: [www.mybenefitsnm.com](http://www.mybenefitsnm.com) – [2019 Open/Switch Enrollment](#).

**O/S Enrollment for Local Public Bodies:** October 2nd through October 30, 2018

**O/S Enrollment for SoNM employees:** the season ends with a two-week enrollment. Employees that wish to make a change are required to actively submit an **Online** Open/Switch Enrollment/Change Form during the Enrollment Period using the electronic form.

November 6<sup>th</sup> to November 20<sup>th</sup>, 2018, 11:59PM is the two week period State employees can access the access the on-line electronic enrollment forms.

**Q: Where can I find more information regarding the benefits offered during Open/Switch Enrollment?**

**A:** All benefit information can be on the SoNM Benefits page at: [www.mybenefitsnm.com](http://www.mybenefitsnm.com) /[2019 Open/Switch Enrollment](#). Here you can find pre-recorded presentations regarding the health plans offered to members, a cost comparison sheet, contribution rates and much more useful information.

**Q: Can I make changes after I completed and submitted the Online Enrollment/Change form?**

**A:** To make changes for Open Enrollment, all changes must be received by 11:59pm on November 20, 2018. Any changes after November 20 must be due to a qualifying event as noted on page 20 in your [administrative guide](#).

**Q: How do I find out what my current benefits are today?**

**A:** [SHARE Introduction to Employee Self Service.pdf](#) - Lesson 4, Page 50

**Q: Am I required to submit an enrollment form during the enrollment period?**

**A: YES** – You are required to submit an enrollment form during the **Enrollment Period** (November 6<sup>th</sup>, 12:01AM to November 20<sup>th</sup>, 11:59PM), **if** you wish to make changes to your current elections or participate in Flex Spending Account (FSA) – Health Care and/or Dependent Care in 2019; even if you participated last year!

*FSA-Commuter (Transportation/Parking): Election into the commuter program can be made at any time during the year. Change to pledge amounts can also be made at any time of the year.*

**NO** – You are not required to submit an enrollment form during the **enrollment period** (November 6<sup>th</sup>, 12:01AM to November 20<sup>th</sup>, 11:59PM), **if** you **do not** wish to make any changes to your current Medical, Dental, Vision, or Disability elections and do not want to enroll in Health Care or Dependent Care FSA.

**Q: What about the Premium Only Plan?**

**A:** Although the Premium Only Plan (POP) is not a health benefit, it is a pre-tax benefit offered to State of New Mexico employees. POP is a pre-tax conversion plan that allows medical, dental, and vision insurance premiums to be deducted from wages before taxes are calculated. Enrollment for this benefit is automatic. If the employee wishes to opt-out of POP participation and have benefit premiums taken after-tax, a 2019 Waiver Form must be submitted. Please visit [www.mybenefitsnm.com](http://www.mybenefitsnm.com) /2019 Open/Switch Enrollment to find the 2019 POP Waiver Form.

**Q: Where can I find more information regarding the benefits offered during Open/Switch Enrollment?**

**A:** All benefit information can be on the SoNM Benefits page at: [www.mybenefitsnm.com](http://www.mybenefitsnm.com) /2019 Open/Switch Enrollment. Here you can find pre-recorded presentations regarding the health plans offered to members, a cost comparison sheet, contribution rates and much more useful information.

**Q: If I just began working with the State of NM and recently enrolled in benefits, do I have to participate in Open Enrollment?**

**A:** No, **unless** the elections you made at time-of-hire are **already in effect** and you wish to make changes. All changes will be effective January 1, 2019.

**Q: When will the selections I make during Open Enrollment take effect?**

**A:** January 1, 2019. If you made significant changes to your benefit elections during open enrollment, e.g., changed tiers, added coverage or dropped coverage, etc. premium deduction changes will occur on your first paycheck in January; 1/18/2019.

**Q: Are there changes to the benefit plan design for the 2019 Plan Year?**

**A:** Yes, there have been some changes made to our benefits packages. We strongly suggest all employees attend a live presentation or interactive webinar to fully understand all changes and benefits offered. Changes are to deductibles, out of pocket maximums, some co-pays and co-insurances.

**Q: Who can be considered a dependent?**

**A:** A dependent would include spouse, domestic partner, and any child under the age of 26 of whom you are the parent, or have legal custody/adoption papers for.

**Q: Do I need to provide additional documentation to add eligible dependents not currently covered to my medical, dental and/or vision benefits during open enrollment?**

**A:** Yes – Proof of dependency documentation **must** be submitted by the close of the Enrollment Period (November 6<sup>th</sup>, 12:01AM to November 20<sup>th</sup>, 11:59PM). **Failure to submit dependency documentation will prohibit coverage for the dependent.**

Acceptable *proof of dependency* documents: Court Filed Marriage Certificate; Notarized Domestic Partnership Affidavit; State-issued birth certificate; court awarded adoption papers; Qualified Medical Child Support Order (QMCSO); or Court ordered coverage of eligible dependents.

**Q: Is there an age limit for a dependent?**

**A:** Dependents must be under the age of 26. Disabled dependents over the age of 26 may continue to qualify. Contact Erisa for details.

**Q: Does the child under 26 have to be in college?**

**A:** Any qualified dependent under the age of 26 is can be covered. School prerequisite is not required.

**Q: Do I need to resubmit dependent documentation to make changes during open enrollment?**

**A:** No. You do not need to resubmit any documentation already on file. If you are unsure, please contact Erisa at 1-855-618-1800 for clarification.

**Q: How do I add a domestic partner (DP) to my insurance?**

**A:** You must submit a notarized Affidavit of Domestic Partnership form (located at [www.mybenefitsnm.com/FGP.htm](http://www.mybenefitsnm.com/FGP.htm)). Please read the terms and conditions carefully as to understand the specific requirements necessary to qualify for domestic partnership. Keep in mind; you do not have to wait for open enrollment to add your DP to your coverage. Initiation of Domestic Partnership is a qualifying event (QE) and allows the dependent to be added within 31 days from the date the document is notarized, providing all affidavit requirements are met.

**Q: Where do I go to find out how much I spent on medical claims this past year?**

**A:** This information is available to you online at your Medical Carrier website: [www.mybenefitsnm.com/Medical.htm](http://www.mybenefitsnm.com/Medical.htm) - click on the Carrier Logo to access your personal account for medical claims history.

If you wish to know how many claims were submitted through your FSA account in 2017, or previous years, go to: [www.nmflex.com/Login.aspx](http://www.nmflex.com/Login.aspx)

**Q: If I just began working with the State of NM and recently enrolled in benefits, do I have to participate in Open Enrollment?**

**A:** No, **unless** the elections you made at time-of-hire are **already in effect** and you wish to make changes. All changes will be effective January 1, 2019.

**Q: When will the selections I make during Open Enrollment take effect?**

**A:** January 1, 2019. If you made significant changes to your benefit elections during open enrollment, e.g., changed tiers, added coverage or dropped coverage, etc. premium deduction changes will occur on your first paycheck in January; 1/18/2019.

**Q: If I add eligible dependents to my medical, dental, and/or vision benefits during open enrollment, will I receive new ID cards?**

**A:** Employees who add or drop dependents will receive a new medical card. Dental and Vision ID cards will be provided upon request.

**Q: Can I add a dependent to my coverage that has insurance through the same carrier but not with the state?**

**A:** Yes, so long as coverage is not through another employer participating in the State of New Mexico Health Plan. If the dependent has employee coverage elsewhere, that coverage would be the *primary policy* and the SoNM would be secondary. If the dependent is also covered elsewhere with dependent coverage, of the two people they are a dependent under, the person whose birthday occurs earliest in the calendar year; their policy would be considered the primary policy.

**Q: Can I make changes to my plan outside an open enrollment period?**

**A:** Outside of the open enrollment period, you can only change coverage for yourself and/or eligible dependents within 31 days of a Qualifying Event, also called a "Family Status Change". **You must notify Erisa within 31 days of the qualifying event.**

Family Status Changes (Qualifying Events) include:

- Marriage or Domestic Partnership/Divorce/Legal Separation or Termination of Domestic Partnership
- Birth/Adoption
- Death
- Loss of dependent status – Aging out – 26 years old
- Loss or Gain of other coverage
- Change in job status of employee, such as: reduction of hours (part-time to full-time or vice-versa); FMLA; LWOP; or Disability.
- Receiving a Qualified Medical Child Support Order (QMCSO)

**Q: Do any of the medical plans work in other states?**

**A:** Presbyterian HMO is part of the national Multiplan network. Blue Cross Blue Shield (BCBS) PPO has a large national network. BCBS HMO provides access in select other states through the Away From Home Care Program; however, a member must enroll into the program in order to gain access. This program is available for members and dependents who temporarily reside outside the state for more than 90 consecutive days. Please see carrier webpages for more details.

**Q: Is coverage with Express Scripts, Delta Dental, and Davis Vision available in other states?**

**A:** Yes, but always ask if the provider is contracted under the State of New Mexico. Delta Dental has multiple plans; you'll want to be sure to ask if they contract with PPO New Mexico.

**Q: Can my current medical information be transferred to another carrier?**

**A:** Yes; contact the customer service center of the carrier you are leaving and request that all medical records be forwarded to the new carrier to make transition of information as smooth as possible.

**Q: How do I compare the different programs offered by Presbyterian and BCBS?**

**A:** You can visit the 2019 Open/Switch Enrollment Link to find individual carrier materials and the one page Comparison Guide found at: <http://mybenefitsnm.com/2019OpenSwitchEnrollment.htm>.

**Q: What happens after you reach maximum out-of-pocket expense?**

**A:** Once you have met the out-of-pocket maximum, you are only required to pay co-pay costs.

**Q: How do I request a new identification card?**

**A:** You can request new identification cards directly from the carriers or this can also be done online.

**Q: Does Express Scripts offer a plan ID card? If so, will one be sent when we enroll?**

**A:** ESI does produce member welcome kits with prescription ID cards. They are issued to new participants.

**Q: Does the November 20<sup>th</sup> deadline apply to FSA as well?**

**A:** Yes, if you're planning on enrolling or continuing the health or dependent benefit, **as these must be re-enrolled in annually.** If you are currently participating in the transportation or parking FSA, re-enrollment is not necessary as these two FSAs roll over into the next calendar year. Please note that the Transportation/Parking benefit runs month to month and rolls over annually. You may elect or drop month to month.

**Q: What is an EAP visit?**

**A:** Employee Assistance Program (EAP) offers free mental health visits, in this case 3 sessions per issue. For more information regarding the EAP benefit, please visit [www.solutionsbiz.com](http://www.solutionsbiz.com)

**Q: How can I view carrier presentations after the O/S Enrollment event?**

**A:** Please visit <http://mybenefitsnm.com/2019OpenSwitchEnrollment.htm> to view recordings of live presentations.

**Q: Where can I find the *cost of premiums* sheet?**

**A:** The FY18-19 Contribution Sheets can be found at <http://mybenefitsnm.com/2019OpenSwitchEnrollment>

**Q: Why is the employee/spouse more expensive than the employee/domestic partner?**

**A:** The cost is actually the same, but the calculation for before and after calculation on the taxed premiums is different; i.e., employee percentage is deducted before taxes (unless you opt out of POP) and the domestic partner portion is after tax. This results in a slightly different deduction off the same base premium cost. You may email [sonm@easitpa.com](mailto:sonm@easitpa.com) for details.